
Health Care & Wellness Committee

SB 5731

Brief Description: Distributing health plan information.

Sponsors: Senators Keiser and Pflug.

<p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Provides flexibility to carriers regarding communications with enrollees.

Hearing Date: 3/17/09

Staff: Dave Knutson (786-7146)

Background:

The health care patient bill of rights sets standards for health insurance carriers to follow related to communication with enrollees and protections of health care privacy. Carriers are required to provide full descriptive information about their health plans and benefits upon request.

Information that must be made available prior to purchase includes the covered benefits including the prescription drug benefits and any formulary, a list of benefit exclusions or limitations, policies for protecting confidential information, premium and cost-sharing requirements, a summary of the grievance process, a statement on point-of-service options, and a list of participating providers.

Upon request, insurance carriers must provide an array of written information that includes, but is not limited to, a full description of the procedures for consulting a specialist, the procedures for prior authorization, a description of the reimbursement or payment arrangement between a carrier and provider, a description of incentives or penalties intended to encourage providers to minimize referrals, and accreditation status. Carriers must communicate the information by means that ensure a substantial portion of the enrollee population can make use of the information.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary of Bill:

Insurance carriers may use alternative methods of communicating with enrollees, such as website alerts, postcard mailings, and electronic communication in lieu of printed materials. Rules established by the Office of the Insurance Commissioner must consider opportunities to reduce health plan administrative costs.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.